



Office of the



State Superintendent of Education

Mediation Request Form

This form is designed to assist Parties in requesting Mediation services. Please provide all information requested. Failure to provide all information may result in a delay in processing the Mediation request.

Student/Child and Case Information

Student Name: _____
Student Address: _____
Student Date of Birth: _____
School Attending: _____
School Address: _____
Name of Public Educational Agency: _____

Parent No. 1 or other person who has legal authority to make educational decisions for a student:

Parent's Address: _____
Daytime Phone: _____ Cell Phone: _____
Email Address: _____

Parent No. 2 or other person who has legal authority to make educational decisions for a student:

Parent's Address: _____
Daytime Phone: _____ Cell Phone: _____
Email Address: _____

Individual Requesting Mediation: (Please indicate)

Parent or other person who has legal authority to make educational decisions for a student _____
Local Educational Agency (LEA) _____
The Office of the State Superintendent of Education (OSSE) _____
Other (specify) _____
Joint Agreement to Mediate between both Parent and LEA or OSSE _____

Residency

Is this child a resident of the District or a Ward of the District? Yes _____ No _____

Other Procedural Safeguards

Has a Due Process Complaint or State Complaint also been requested for this student on these same issues?
Yes _____ No _____

If yes please provide the date of filing and, if known, the Docket/Complaint Number: _____

Will the participants need the services of a translator? Yes _____ No _____



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Will the child be attending the Mediation? Yes _____ No _____

Please include information about the dispute below, and on the sheet that follows:

Briefly explain below the issues to be Mediated:

Briefly explain the history of the issues and the factual background:

What is the outcome sought through Mediation?

What is the current status of the child?

Requestor's Signature

Signature _____

Date _____

Thank you for requesting Mediation. To learn more about the Mediation process, you may download additional information about Mediation from the OSSE website, at: <http://osse.dc.gov/service/student-hearing-office>

- Mediation is a **voluntary** process and the Mediator must obtain the agreement of all parties to participate in the Mediation before a Mediation date is set.
- Mediation is confidential. All parties to the Mediation must sign a Confidentiality Statement before the Mediation occurs.
- OSSE will assign a Mediator within three working days of receipt of this Mediation request.

Mail, fax, e-mail, or deliver this form to:
Office of the State Superintendent of Education
Student Hearing Office
810 First Street, NE 2nd floor
Washington, DC 20002
Telephone: (202) 698-3819
By fax: (202) 478-2956
By email: ossemediation@dc.gov